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To: Examiner: Marlon T. Fletcher
Art Unit: 2873
U.S. Patent and Trademark Office
PO Box 1450, Alexandria, VA 22313-1450
RE: Application No. 10/052,838 (ISHII et al.)
Our Ref.: 39303-20305.00

Facsimile: (571) 273-8300
Telephone: (571) 272-2063

From: Katrin Kauffmann

Date: February 13, 2007

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Attached are:

Transmittal Form (1 page)
Petition For Extension Of Time Under 37 CFR 1.136(a) (1 pg)
Fee Transmittal For FY2006 in duplicate (\$1,020 ext. of time fee and \$1,000 additional claim fee to be charged to deposit account)
Amendment In Response To Final Office Action (29 pp)

FEB 13 2007

PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031


U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/052,838
	Filing Date	January 17, 2002
	First Named Inventor	Jun ISHII et al.
	Art Unit	2837
	Examiner Name	Marlon T. Fletcher
Total Number of Pages in This Submission	Attorney Docket Number	393032030500

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (CN 25224) 555 West Fifth Street, Los Angeles, CA 90013		
Signature			
Printed name	Mehran Arjomand		
Date	February 13, 2007	Reg. No.	48,231

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the following telephone number: 571-273-8300.	
Dated: February 13, 2007	Signature:  (Katrin Kauffmann)

1a-903828

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PTO/SB/17 (01-06)

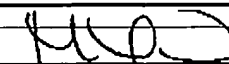
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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/052,838
		Filing Date	January 17, 2002
		First Named Inventor	Jun ISHII et al.
		Examiner Name	Marlon T. Fletcher
		Art Unit	2837
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	393032030500
TOTAL AMOUNT OF PAYMENT		(\$)	2,220.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
42	- 48 =	0	x	0	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.					0		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
15	- 9 =	6	x	200			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
	- 100 =		/50		(round up to a whole number) x		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,020.00	

SUBMITTED BY		Registration No.	Telephone
Signature		48,231	(213) 892-5630
Name (Print/Type)	Mehran Arjomand	Date	February 13, 2007

Via Facsimile

la-903832